TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS Military Supplemental Form



Checklist

All Applicants:	
(Complete, Signed Application
A	Application Fee (check, money order). See 22 TAC 885.1 for a list of the fee amounts.
F	Proof of Completion of Texas Jurisprudence Exam for Professional Counselors
(Copy of Military Spouse/Dependent Identification Card and/or DD-214
(Copy of Spouse's PCS Orders to military installation in Texas
	Official Verification of Licensure in other Jurisdiction sent to board by other jurisdiction
υ	Official Transcript showing conferral of degree—must be sent to board by email from university/sealed envelope from university Practicum Documentation
S	Supervisory Agreement Form
(Copy of Supervisor's wallet card
Additional Item	ns Needed if Applicant Is Licensed in Another Jurisdiction:
(Official Verification of Licensure in other Jurisdiction sent to board by other state
(Official examination scores sent to board by other jurisdiction or NBCC
F	Proof of completed supervised clinical experience submitted
application, if p to online applic	your name (or file number) legibly on ALL documents. Submit all documents with possible. If you have applied online, please attach supporting documents electronically ation. Transcripts, verifications of licensure, and official exam scores must be a unopened envelope or emailed directly from the school/issuing authority to the Mail to: TX BHEC TSBEPC 333 Guadalupe, Ste. 3-900 Austin, TX 78701

Applicant Name: Page 1 of 2

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MILITARY SERVICE MEMBER, VETERAN, OR MILITARY SPOUSE SUPPLEMENTAL FORM

Submit this supplemental application **AS AN ATTACHMENT TO YOUR APPLICATION** if you are a military service member, veteran, or military spouse.

Last Name	First Name		Middle Initial		
I am a:	Military Service Member	eran	Military Spouse with the armed forces of the United		
My Social Se	curity Number is:				
The type of l	cense for which I am applying is:				
I am a milita	n an assessment of my minimum rec If yes, I have attached a copy of a order, Permanent Change of Stati If yes, I have attached a copy of a knowledge, or training I wish to b considered on a case-by-case base Documentation may include such	uirements ppropriate on (PCS), ppropriate ave considers and that things as	e documentation of military status, such active dut		
For military spouses: I want my status as a military spouse of an active duty member of the armed forces to be considered in an assessment of my minimum requirements for licensure or renewal. If yes, I have attached appropriate documentation of my status as a military spouse such as m military Dependent ID Card, a copy of the spouse's most recent Permanent Change of Station (PCS) order, or active duty order. If yes, I have attached official verification of my out-of-state license from the issuing jurisdiction.					
veterans. The	Texas Behavioral Health Executive Co	uncil is spi	aty military service members, their spouses, and reading the word to military personnel, their spouses, which may assist them in their search for work.		
training, knownet some lice	vledge, and experience. Military spouse	s of curren	quirements as a result of their military service or other at, active duty military service members may also have military service member is deployed minimum		
	ar heartfelt thanks to military service materials of America and to the State of Texas		terans, and their families for their dedicated service to		
	icant Name: cary Supplemental Form		Page 2 of 2		